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## APPLICANTS

Donald E. Brodnick, Cedarburg, WI;  
 David G. Hernke, Sussex, WI;  
 Brian J. Young, Germantown, WI;  
 David E. Albert, Oklahoma City, OK;  
 Robert T. Wolfe, Elm Grove, WI;  
 James M. Gray, Fox Point, WI;  
 Paul S. Schluter, Whitefish Bay, WI;

## \*\* CONTINUING DATA \*\*\*\*\*

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

## \*\* IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\*

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Foreign Priority claimed	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Met after Allowance	STATE OR COUNTRY	SHEETS	TOTAL CLAIMS	INDEPENDENT CLAIMS
35 USC 119(a-d) conditions met	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		WI	4	58	8

## ADDRESS

Joseph D. Kuborn  
 ANDRUS, SCEALES, STARKE & SAWALL  
 100 East Wisconsin Avenue  
 Suite 1100  
 Milwaukee, WI 53202  
 UNITED STATES

## TITLE

Detection of function of implanted medical devices

FILING FEE RECEIVED 1884	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit